

# Foster Family Home - Corrective Action Report

Provider ID: 1-512724

Home Name: Editha de la Cruz, CNA

Review ID: 1-512724-6

94-270 Puamano Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/27/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification made on 2/27/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/27/2019.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN lapsed for CG#3: was due on/before 5/18/2018, done on 8/22/2018.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - TB clearance for CG#1 done on 8/20/2017 and 1/09/2019, no proof of TB clearance for 2018 in home folder. TB clearance for CG#2 done on 1/25/2017 and 1/16/2019, no proof of TB clearance for 2018 in home folder.


## Foster Family Home Fire Safety [11-800-46]

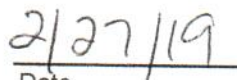
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

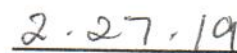
Comment:

46.(a) - No proof of fire drill conducted by CG#2 for 2018 in home folder.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Editha de la Cruz  
CCFFH Address: 94-270 Puamano Pl.  
Waikeolu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	lapse cannot be corrected for caregiver 3	8/22/2018	I will put high light the check list and check every first week up the month for all requirements
41(b)(7)	CG # 2 TB Test result found in home binder dated 1-24-2019	1-27-19	make sure to put all together in my file (I thinned my file)
46(a)	CG # 2 Conducted physical	3-1-19	make caregiver schedule at least once a year
41(b)(7)	CG # 1 TB test TB screening form found at employers file. requested a copy	3-4-19	make sure check every first week up the month all requirements.

Primary Caregiver's Signature: ~~Editha~~ <sup>or</sup> Editha de la Cruz

Print Name: Editha Jacinto  
Editha de la Cruz

Date of Signature: 3-2-19